PTO/SB/17 (06-07)

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Fees pursuant to the Con-	dective on 12/08/2004	Į.	Complete if Known									
	Application Nur	nber	10/522,991-Conf. #2650									
FEE T			February 2, 2005									
F	First Named In		Takuya Matsui									
	Examiner Name E. C. Whisenai			nt								
Applicant claims	Art Unit 1634			4								
TOTAL AMOUNT OF	PAYMENT	(\$) 1,889.00	Attorney Docket	073	<del></del>							
METHOD OF PAY	MENT (check all	that apply)										
Check X Credit Card Money Order None Other (please identify):												
x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION	N											
1. BASIC FILING, SE	<u>-</u>											
	FILIN	IG FEES SE. Small Entity	ARCH FEES		INATION FEES							
Application Type	Fee (\$)	Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees F	Paid (\$)					
Utility	300	150 500	250	200	100							
Design	200	100 100	50	130	65							
Plant	200	100 300	150	160	80							
Reissue	300	150 500	250	600	300							
Provisional	200	100 0	0	0	0							
2. EXCESS CLAIM FE	EES						Small Entity					
Fee Description						Fee (\$)	Fee (\$)					
Each claim over 20 (in	=	•				50	25					
Each independent clai	•	ng Reissues)				200	100					
Multiple dependent cl						360	180					
			ee Paid (\$)		Multiple Depende							
14 - 20 = HP = highest number of to	X _	ercetor then 20			Fee (\$)	Fee Paid (\$	9					
			Paid (\$)				_					
3 -3=	X	=	raid (\$)									
HP = highest number of ir	idependent claims pai	d for, if greater than 3.										
3. APPLICATION SIZ	E FEE											
		ed 100 sheets of paper	(excluding elect	ronically	filed sequence or	computer						
		application size fee du J.S.C. 41(a)(1)(G) and			entity) for each a	dditional 50	)					
Total Sheets	Extra Sheets		additional 50 or fra		eof Fee (\$)	Fee l	Paid (\$)					
100	) =	/50 =	(round up to a wh	ole numbe	r) x	=						
4. OTHER FEE(S)						Fees	Paid (\$)					
Non-English Speci	fication, \$130 fe	e (no small entity disc	ount)									
Other (e.g., late fil	1,400.00 300.00											
	9.00											
8001 Printed copy of patent w/o color 1806 Submission of Information Disclosure Statement												

SUBMITTED BY							
Signature		unneter	Niche	Registration No. (Attorney/Agent)	33,082	Telephone	(202) 420-4742
Name (Print/Type	$\widetilde{M}$	ark J. Throneon	# 55440	)		Date	July <u><b>9</b></u> , 2007